

FY_____ Contractor Name:_____ If Federal Funds, CFDA #:_____

PURCHASE OF SERVICE - ATTACHMENT 3: FISCAL YEAR PROGRAM BUDGET

[illegible]

**Commercial Fee, if applicable (for informational purposes only;
not to be included in the price paid by the Commonwealth) % \$:N/A for Cost Reimbursement**

**** A. \$ _____ Subtotal of offsets which are for non-reimbursable costs.**

**** Non-reimbursable costs must be shown in detail on Attachment 5 when the program is subject to the provisions of Federal OMB Circular A-122 and/or 808 CMR 1.00.**

*** Contractor's Board approved capitalization level relative to any negotiated expense costs in lines 208, 215, 390 or 410 is \$ _____